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ORIGINAL DEPARTMENT.

Communications.

ANATOMY

IN ITS RELATIONS TO

MEDICINE AND SURGERY.

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No. 20.

ORBITAL REGION.—The fact that the eye administers so largely to the physical, intellectual and moral well-being of man, is sufficient to excite an interest in its study, second to no other part of the human organization. In many regions even ignorance may stumble along without doing any great damage, but when this complex and delicate mechanism is approached, there can be no safe attempts without knowledge.

This organ, and its appendages, are situated within and without the orbital cavity, which will furnish us the basis of a division into extra-orbital, and intra-orbital regions.

Extra-orbital region.—This region embraces an association of parts called the *tutamina oculi*, the several parts of which are the eyebrows, eyelids, and lachrymal apparatus, (a portion of the latter being within the orbit.)

Eyebrows.—These consist of skin, fascia, muscles, bloodvessels, and nerves, surmounted with hair, and supported upon the supercilliary eminences of the frontal bone.

The hair is stiff and curved in the direction of the temple. That along the lower margin of the eyebrow inclines upward and outward; that on the upper part downward and outward, so that they meet and overlap, forming a prominent line in the centre for at least one-half their transverse extent. The skin is dense and very closely attached to the muscular stratum by a scanty bond of subjacent connective tissue. Beneath this an interlacing of muscular fibres exists, consisting of the frontal part of the occipito-frontalis, orbicularis palpebrarum and corrugator supercillii.

The *orbicular* muscle surrounds the orbit and eyelids, its fibres concentrically arranged, forming an elliptical plane. They arise from the internal palpebral ligament (yet to be described) from the inner angular process of the frontal, and the nasal process of the upper maxillary bones, and passing outward, covering the supercilliary ridge and upper eyelid, descend along the outer side of the orbit, over the temple, and finally sweep forward below this cavity, covering the lower lid, and the origin of several of the facial muscles, after which, collecting their fibres into a compact mass, become inserted into opposite points to those from which they arose.

The *corrugator supercillii* is connected by its inner extremity to the internal angular process of the frontal bone, and by its outer, to the under surface of the eyebrow.

Bloodvessels.—The frontal and supra-orbital arteries, branches of the ophthalmic are rather beneath than within the eyebrow; they emerge from the orbit, the former at the inner part, the latter through the supra-orbital notch, which is situated at the junction of the inner and middle third of the supra-orbital ridge, and so ascend to supply the scalp.

Nerves.—Two twigs accompany the arteries just described, having the same names, both of which are branches of the fifth pair and nerves

of sensation. In addition to these the temporal trunks of the facial, distribute some filaments to the eyebrow, which are nerves of motion.

Practical observations.—The eyebrows, when moderately large with a gentle arch, especially if associated with a broad or elevated forehead, stamp the countenance with a marked degree of intellectual force. When very prominent and heavy, they give the idea of both mental and physical strength, particularly the latter. As their size is determined by the amount of their muscular constituents it would be but natural to expect that it would coexist with that general muscular developement which confers animal strength. Their prominence, as found sometimes in those of ordinary capacity of mind, is occasioned by the great anterior development of the cranium, which generally co-exists with such mental endowments. The hair which surmounts them, while it may be regarded as ornamental in no small degree, will catch and entangle small particles of dust, which otherwise might annoy the eye. When the eyebrows descend they shade the eye, cutting off a certain amount of upper light which is unfavorable to either near or distant vision. For this reason, when narrowly inspecting an object, they are strongly brought down, and hence persons whose pursuits require such a movement to be frequently maintained, are apt to wear a habitual frown. The firm connection of the skin to the parts below, admits of but little retraction in wounds, and, like the scalp, is prone to be attacked by erysipelas. Tumors here are usually encysted, such as involve the follicles of the parts.

Incisions over the brow should be made transversely curvilinear, that they may conform to the course of the fibres of the orbicular muscle. The attachment of the frontal portion of the occipito-frontalis muscle to the orbicularis palpebrarum, enables the former to elevate the brow, which when exercised in a moderate degree, imparts an open, happy and guileless expression to the countenance; and when in excess, one of surprise or inquiry. These ever varying shades impressed upon the forehead, furnish the foundation of that sentiment of Pliny:

Frons hominis tristitiæ, hilaritatis, clementiæ, seventatis index est.

The continuation of the orbicular muscle over the eyelid will enable the occipito-frontalis to raise the lid when strongly contracting. This connection may be advantageously employed in falling of the lid (*ptosis*), as in Hunt's operation, by removing an elliptical portion of skin from the brow and lid, so as to connect the palpebral portion of the orbicular muscle to the fibres of the frontal. The hair of the eyebrow in such a case will become useful in concealing, in a measure, the cicatrix. The action of the corrugator muscles draws the eyebrows inward, and produces vertical wrinkles, which gives the expression of frowning. Habitual study produces the same result, from constant frowning over the objects of research. If these were placed on a level, or above the eyes, such would not take place. This frown will be found to accompany certain morbid conditions, as in colic, peritonitis, ophthalmia, etc.

Wounds of the brow have long been considered as serious. Amaurosis may follow such and may probably be explained from the injury done to the supra-orbital nerve, which not only confers sensation on the eyebrow, but also the eye before it reaches the forehead. Or it may result, when following a blow, by the transmission of the force from the supercilliary ridges toward the body of the sphenoid bone, producing fracture or concussing the chiasm of the optic nerves, or some other part of the encephalon.

Neuralgia of the brow involves the trunk of the supra-orbital nerves. When it is considered necessary to divide this nerve, it may be readily reached by remembering its position, at the junction of the inner two-thirds of the upper margin of the orbit. The sensation of the eye and of the eyebrow depending on the same nerve, explains the spasmodic contraction of the orbicularis palpebrarum in such forms of ophthalmia as heighten the general sensibility of the parts, the best example of which is the strumous. As the eye-

brows rest upon a portion of the frontal bone, enclosing the frontal sinuses, their injuries may be connected with fracture of the walls of these cells.

Eyelids.—These are movable curtains placed in front of the eye. The upper larger than the lower, and consisting of skin, fascia, sebiperous glands, muscle, cartilage, Meibomian glands, blood vessels, nerves, lachrymal papillæ, eye lashes, and lined by connective and mucous tissue. The skin is very delicate, and presents concentric wrinkles; it terminates at the free border of the lid, by joining the conjunctival lining. Its connection to the muscular layer of the lid is slight, from the loose and elastic nature of the subcutaneous connective tissue, which is made up of very beautiful silvery looking fibres, and devoid of fat. The muscular stratum is derived from the orbicularis palpebrarum, the fibres of which are much paler in color than the supercilliary part of the same muscle, resembling more the smooth variety of muscular tissue. At the very edge of the lids a rim of fibres is described as the cilliaris muscle, which is supposed by Mr. Walton to exercise no small influence in producing entropion.

Arteries.—The proper arteries are the superior and inferior palpebral, furnished by the ophthalmic, although other small branches which come from the facial, temporal, and internal maxillary, may be traced into their structure.

Nerves.—They are the palpebral twigs from the fifth pair, nerves of sensation, and palpebral branches from the facial filaments of motion.

Tarsal cartilages.—They are two in number, the upper the larger of the two, semilunar in form, and concave on their occular surface, corresponding to the convexity of the eyeball. They form the proper skeleton of the lids. To the superior and inferior circumference of the orbit, they are connected by fibrous tissue, while at the inner and outer points this tissue is collected (especially at the inner) into strong cords, the external and internal palpebral ligaments. The internal one is called the *tendo occuli*, it is connected to the edge of the lachrymal grove or nasal process of the upper maxillary bone, and dividing, sends a process to either cartilage. Being placed in front of the lachrymal sac, as will be hereafter stated more particularly, it forms a very important anatomical feature of this part. Its position can be made very prominent by drawing the lids strongly outward.

On the Treatment of Acute Rheumatism by Citrate of Potash.

By John W. Lodge, M. D.,
Interne of Philadelphia Hospital.

It must be admitted that, in the present state of our knowledge, we know comparatively little of the pathology of that very painful and sometimes dangerous disease, Acute Rheumatism. Various complex, and often directly antagonistic theories, have been offered by different observers. The idea that the disease is but an ordinary inflammation, is not without supporters. Some, again, are content with affirming that there is a peculiar predisposition lurking in the system which only requires some exciting cause for its manifestation. Regarding the nature of this rheumatic diathesis, we are not informed, except by comparatively few pathologists. Prout and his followers, believing in the abnormal existence of some acid in the circulatory system, have declared it to be the lactic; whilst others, with, perhaps, equal reasons for the conclusion, have supposed it to be uric acid.

That rheumatic is very different from ordinary inflammation, is evidenced by the phenomena which attend it. Common inflammation developed in a large joint, the knee, for instance, is a local disease of long and tedious course, never suddenly leaving the original site, and appearing in the ankle or opposite knee joint. Again, in rheumatism, the natural hue of the tissues is but slightly changed, whilst all are familiar with the intense and lasting redness which accompanies other kinds of severe inflammation. These facts, together with the absence of suppurative termination, must convince us, whatever the real pathology may be, that it is entirely different

from sudden and acute attacks of ordinary inflammation. Whilst the pathologist has been busy with his investigations concerning the *materies morbi*, the therapeutist has not been idle regarding the modes of treatment; and it is the object of the following cases to add a mite of testimony in favor of a plan which promises to be more successful than any other. I allude to the saline, and these cases are produced in support of its efficacy:

Peter Murphy, aged 63 years, of intemperate habits, was admitted into the Philadelphia Hospital, April 25th, 1859, suffering with acute rheumatism. He had been living for some time in a malarious district in the lower portion of the city. The disease, which commenced about one week previous to his admission, had affected the larger joints of the superior and inferior extremities. The pain in these parts was intense, the slightest movement causing almost unbearable agony; pulse frequent, skin hot and dry. The heart was carefully examined without detecting any abnormal sound. The patient complaining of having passed several sleepless nights since the attack, he was ordered 10 grs. of Dover's powder, and sent to bed. On the following morning, Dr. J. Aitken Meigs, one of the consulting physicians of the hospital, was requested to see him. The patient was ordered drachm doses of the citrate of potassa, to be taken four times daily, largely diluted with water. On the third day after the commencement of the medicine, the pain in the affected joints had subsided, the skin became moist, the patient being in every respect improved. He continued improving rapidly and permanently, and on the eighth day after his admission, requested his discharge. In this case no cardiac symptom was developed.

Wm. Lesher, aged 31 years, entered the medical ward on the 2d of May. On the 7th I was requested by my colleague, Dr. Bragg, to visit him. Nearly the whole of the external surface was affected, and a feeble friction murmur heard over the base of the heart. From the time of his entrance until the 7th, he had been under the ordinary treatment without improvement. Acting upon the success of Dr. Meigs' prescription in the preceding case, we ordered him the salt with the same directions. The result of this case fully confirmed our opinion regarding the first. The rapid diminution of pain in this case was surprising. The cardiac and other symptoms gradually subsided. This patient was discharged cured on the 16th.

James McCreary, aged 44 years, admitted on the 20th of May; the disease confined principally to the joints of the superior extremity, the parts considerably swelled and painful, skin hot, and the pulse about 105. He was jaundiced, but there was no cardiac complication. By the same remedy this man recovered, and was discharged on the 30th, ten days after his admission.

Michael Rice, aged 57 years, of intemperate habits, was admitted on the 3d of June, after a protracted debauch. All the large joints were affected. He complained of thirst and intense pain in the head; as in the other cases, he had considerable fever. Over the apex of the heart was heard a well marked bellows murmur. In addition to the salt, small doses of hydrarg. chlor. mit. were prescribed every fourth hour. The termination of this case was as satisfactory as the others. From some cause the medicine produced sickness of the stomach, and it was necessary to diminish the dose. He improved, however, and was discharged on the 16th, the cardiac murmur remaining. I had no opportunity of examining this man afterward, he having left the out ward, to which he was transferred.

Since the notes of the above cases were taken, Dr. Wm. Thomson, of Lower Merion, informs me that he has been very successful with this treatment, preferring the tartrate of soda and potassa.

Bronchitis.

By J. R. M'Clurg, M. D.,
Of Philadelphia.

I do not intend, as brevity and utility are essentials necessary to insure a place in the "Medical and Surgical Reporter," to write a general review of the diagnosis and therapia of bronchitis, but only to call attention to a

few of the more prominent and constant symptoms, and give the reader a synopsis of my treatment. Bronchitis—by which I shall designate an inflammation or morbid condition, to a greater or less extent, of the mucous membrane or bronchial lining from the tracheal bifurcation and terminating with the ultimate ramifications of the bronchial tubes—is a prevalent disease of our section of the country, and particularly so in the winter and spring of the year. And, perhaps, the most frequent history given by those to whom we are called to administer relief is, that from exposure to wet and cold, or being in a state of profuse perspiration they exposed themselves to a draught of cool air, or perhaps went into a cold cellar or vault, and soon became very chilly, which was followed by hoarseness, dry cough, tightness, soreness, or a deep-seated, dull pain in the chest, and more or less difficulty in breathing. These symptoms were soon succeeded by others of a febrile character, as excitement of the heart, hot skin, headache, furred tongue, gastric derangement, troublesome cough and expectoration. After a few days this acute attack subsided, and the patient recovered entirely; or it may have assumed a chronic form, which continued for very many days, or even months, until the patient became quite debilitated by the cough and copious expectoration. The cough, a constant primary, and one of the most important diagnostic symptoms, is at first dry and hacking, without expectoration, but soon becomes more violent, paroxysmal and painful, followed by an altered mucous sputa, which soon increases in quantity, consistency and color, and instead of being, as at first, transparent, becomes muco-puruloid and perhaps streaked with blood, and toward the termination of an attack, greenish, yellow, and at times quite purulent in appearance. The violence of the cough in a great measure subsides when free expectoration takes place, but not entirely, and in many cases it continues long after the other symptoms have disappeared. In the majority of these cases, however, the disease was not cured, but assumed a chronic form, which again manifests itself upon the least exposure. In pneumonia we often have greater difficulty in breathing, and an entirely different expectoration from what we have in bronchitis, and the cough, sometimes even in serious cases, is scarcely sufficient to attract the physician's attention, and is never violent unless associated with bronchitis. So far as practical experience dictates, I must regard the cough, its constancy and peculiarity, as one of the most important symptoms of this disease, and it is a remarkable fact, that we never find a single case of chronic bronchitis, but what the principal complaint of the patient is the cough. But, although the cough is such an important symptom, its violence and paroxysmal character cannot be taken alone as an indication of the locality, extent, or seriousness of the attack, for I have often seen the most obstinate and distressing cough in cases when the disease was located almost entirely at the tracheal bifurcation; and in other instances, where it was confined to two or three of the principal bronchi of either the right or left lung. And post mortem inspections enable me to state as an undeniable fact, that although, perhaps, in some cases the disease may affect the bronchial lining of the whole lung, yet in very many instances it is by no means so extensive, and may only involve a very limited portion of the bronchi of the affected side, and that it does not necessarily follow, as some writers contend, that because the larger bronchi are affected the terminal branches must also become implicated. But what I wish to say is this, that the cough declares the existence of the disease, not its extent, this being ascertained by other, and principally by the physical signs. When dyspnœa is a prominent symptom, it is a tolerably sure indication that the inflammation has involved the smaller tubes and vesicles, but not an infallible sign, for I have had repeatedly under my care cases when the inflammation was beyond a doubt seated in the larger bronchi, but on account of a peculiar impressibility of the respiratory nervous system, a spasmodic or asthmatic condition supervened. The expectoration can always be taken as a tolerably good indication of the character and stage of the disease. Thus we find in the early stage a scant, transparent,

mucous expectorate, followed soon by the more abundant, frothy, parti-colored secretion, which in time gives way as the disease advances to a yellow, adhesive, greenish, or perhaps the purulent expectoration of scrofulous bronchitis. And this yellow or purulent expectoration, accompanied with violent cough and emaciation, has often been the means of deceiving the physician, inducing him to form the unfavorable prognosis of phthisis pulmonalis—to become inattentive to and perhaps abandon the case, which finally falls into the hands of an irregular practitioner; the patient after a time recovers entirely, to the disadvantage of medical science, and to the fame and advancement of charlatanism. I am entirely convinced *that the bronchial mucous membrane is as liable as any other tissue of the body, to become the seat of scrofulous inflammation, which may continue for months and even years—the patient becoming debilitated and emaciated from the cough and copious purulent sputa, and yet the substance of the lung remain unaffected by the disease, and the patient ultimately recover entirely.* I could mention a number of cases in confirmation of this assertion, but space will not permit, and will only remark that many of those cases, published as "*great cures of consumption,*" were not of phthisis pulmonalis, but scrofulous bronchitis, which is often curable. And in the majority of those cases, of long standing, especially in females, where the sputa is copious and purulent, we find a strumous diathesis, *very often* unaccompanied by tuberculosis, and to cure the patient, we must resort to the same tonic and alterative treatment required in other scrofulous affections.

Upon the physical signs of bronchitis I will say but little. I cannot close this article, however, without a few lines upon this point from that most excellent author, Dr. Graves, who says: "With regard to the rales in bronchitis, all he (the physician,) need bear in mind is, that the nature of the sound produced by air passing through the bronchial tubes will be modified according as these tubes are large or small, dry or moist, or as the moisture they contain is thin, or not. The two things of greatest importance in examining a case of bronchitis is to ascertain whether the minute bronchial ramifications are engaged, and if the tubes contain any moisture, whether it is thin or viscid." When the primary bronchi alone are affected, we may not be able to detect any abnormal sounds whatever, but if the next bronchial subdivisions be diseased, the sounds will be few in number, and if the tubes are dry, they will be of a grave tone, like the cooing of a dove, but if moist, they will be clicking, bubbling, and uneven. If the minute tubes are diseased, many sounds proceeding from quite a limited portion of the lung, undergoing rapid changes of tone during the same respiration—being sibilant or wheezing when the tubes are dry, and soft, and evanescent when moist, can be detected.

Treatment.—In the severer cases of acute bronchitis, which manifest themselves by considerable febrile and inflammatory excitement, dyspnœa, pain, and a sense of constriction in the chest, especially if the patient be young and vigorous, no single remedy is followed by such decided and uniform relief as free bloodletting from the arm. Mild cases and those of a chronic character do not require the abstraction of blood, for the febrile and inflammatory action, no matter how long it may have persisted, can be subdued speedily and entirely by the following mixture, which, even in chronic bronchitis, should often precede a subsequent alterative or tonic treatment:

℞ Nitratis potassæ, ʒij.
Tartar. emetici, gr. ij.
Tilden's verat. viride, fʒj.
Aquæ font., fʒviij. M.

S. Take a tablespoonful every three hours in a tea cup of flaxseed tea. For chronic bronchitis, after the inflammatory action has been subdued by the above prescription, I have found the following, perhaps, superior in the majority of cases to all other prescriptions, and am quite partial to it:

℞ Potassii ferrocyanuret., fʒiv.
Vin. colchici sem., fʒj.
Tilden's verat. viride, fʒij.
Aquæ font., fʒj. M.

S. Take from 20 to 30 drops three or four

times per day. This mixture very soon produces a moderation of the cough, arrests the supersecretion from the bronchi, cleans the tongue, and improves the appetite. If, however, the disease be of a scrofulous character, I generally substitute the following:

℞. Syrup. sarsap., fℨviij.
Iodide potassium, ʒij.
Fowler's solution, fʒij.
Tilden's verat. viride, fʒjss. M.

S. Take a teaspoonful three times per day. From the continued use of this prescription in many cases of scrofulous bronchitis, I have derived the most satisfactory benefit. In some instances, where the disease had persisted for years, and the patient had become prostrated and worn out by the harrassing cough, superabundant secretion from the bronchi, morbid appetite and copious night sweats, I have found the cod-liver oil, half an ounce three times per day, and the following mixture, of very great advantage in strengthening the general system, and especially in giving tone to the stomach and altering the morbid bronchial secretion:

℞. Mist. ferri comp., fℨvj.
Tilden's verat. viride, fʒij. M.

S. Take a teaspoonfull three times per day.

The reader will perceive that in all my prescriptions, I use the veratrum viride, and it is but proper, that I should give my reasons for doing so. In every case of bronchitis we have greater or less inflammatory action and irritation of the bronchial lining membrane, and as a generul rule more or less excitement of the heart's action and increased sensitiveness of the sympathetic nervous system, which, even for the comfort of the patient, should be calmed and controlled by some sedative. Experience has taught me to regard opium, and all its preparations, as injurious in every form of bronchitis, by prematurely arresting the bronchial secretions, producing tightness or constriction of the chest and dyspnœa, augmenting the cough and rendering the expectoration more difficult, without having in the end the least curative effect. The veratrum viride, has proven to me the most valuable sedative, by which to control, at pleasure, the action of the heart, and allay sympathetic irritation, and at the same time, I have an expectorant which is not followed by the unpleasant effect derived from the use of opium. But I must conclude this article, already too long, by saying that, I regard chronic bronchiti, in many instances, as I do chronic, dermal and glandular affections, and that it can be cured only by resorting to the same alterative and tonic treatment required for those diseases.

Belladonna as an Antigalactic.

By G. E. Galen, M. D.,
Of Philadelphia.

Observing the remarks of Dr. Miller, in your Reporter, of November 19, 1859, on the efficacy of belladonna as an antigalactic, and having paid some attention to the remedial effects of that agent, I am induced to report a few cases of its success, which have occurred under my own observation, hoping to add my mite in promoting its general use.

Case 1st.—On 25th November, 1858, was summoned to see Mrs. R., æt. 20, who had weaned her child about one week previous to my visit. The breasts were very much swollen, and had become somewhat hard, accompanied with such extreme pain that she had enjoyed no rest the two previous nights. I directed the use of ext. belladonæ, ʒiss; simple cerate, ℨss—to be applied twice daily. The next day swelling continued, but less pain and hardness. Continued the application for seven or eight days, at the end of which time the mammæ assumed their normal condition, and the secretion was arrested.

Case 2d.—Mrs. M., æt. 25, was delivered after a severe and protracted labor of fifty-six hours, of her first child. The child died twelve hours after birth. Forty-eight hours after, the mammæ commenced swelling, associated with considerable pain. Ordered belladonna, ʒi; aqua, fℨss—to be used morning and evening; in ten days the breasts resumed their normal condition.

Case 3d.—Mrs. Mc., æt. 35, lost her child at the age of four months. Her breasts, to use her language, began to gather about forty-eight hours after she ceased nursing the child; she used

plasters and liniments of various kinds without any apparent success. I was sent for on the seventh day from the commencement. I found the mammæ extremely swollen, hard and painful, and such an appearance did it present, that I was almost tempted to direct warm fomentations, &c., for the purpose of assisting suppuration, but upon one moment's reflection, I concluded to give the belladona a trial. Accordingly belladona, ʒiss; simple cerate, ℥ss, was ordered to be applied twice daily. After four or five applications the pain subsided somewhat, but the hardness continued. I then ordered the addition of ʒiij of iodide of potassium, which produced the most satisfactory results. In six days the breasts became soft, no pain even on pressure, and gradually assumed the natural appearance with an arrest of the mammary secretion.

You may notice that in one of the above cases, I have used iodide of potassium in addition to the belladonna, which I think an invaluable adjunct, more especially when yon find that the tumefaction and pain will not yield to the belladonna alone. I have tried it in a number of cases and never yet met with a single failure. What peculiar action the belladonna has in arresting the secretion of the mammary gland I do not know, but that it does so, if used continuously and in sufficient proportions, I am certain. Perhaps the experimental use of this agent by able practitioners may go far to establish it as a remedy for the prevention of that most annoying and distressing complaint, both to the patient and deotor—mammary abscess.

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Valerian Odor of the Perspiration.—In a late number of the *Memorabilien* attention is called to the peculiar odors which characterize various diseases. Among several interesting notes, there is one detailing the history of an epileptic patient, who, at times, eliminated *per cutem* a decided valerian odor. What makes this case somewhat singular, is, that not only was the oder perceptible to man, but to the inferior animals; a cat, domesticated in the patient's family, almost haunted the bed room, seizing every opportunity to spring into the bed and nestling by the occupant—much to his annoyance.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

DECEMBER 24TH.

Service of Dr. W. W. Gerhard.

(Reported by Mr. J. B. Hayes.)

Ascites.—This man was admitted on the 20th. He had been sick five or six days, and complained of shortness of breath, cough, and swelling of his legs and belly. He is an oysterman, and like most of his class, indulges freely in whiskey, when he can get it. Down on the Chesapeake bay for ten days, he was obliged to abstain from it. The day before he came in he was drunk, and he presented, after his admission, certain symptoms of nervous disturbance, which rendered it necessary to administer small doses of whiskey several times a day, to ward off the threatening attack of mania-a-potu. Opium was also given to check a diarrhœa which he had.

He still exhibits, to-day, besides the dropsy, a tremulousness and peculiar aspect of the countenance, with nervous irritability, dependent on his intemperate habits, which, however, has not yet passed into delirium.

His abdomen is distended with fluid, as shown by fluctuation. Percussion enables us likewise to recognize the effusion and to determine its amount. Here it exists only in the lower part of the abdomen, and amounts probably to 6 or 8 pints. The face, the lower limbs, and the scrotum and penis are œdematous. The upper extremities are not. The ascites is therefore complicated with anasarca. It is necessary to inquire what was the initiatory step in this disorder. Dropsy is not to be looked upon as a disease of itself, but rather as a result or symptom of morbid action. To ascertain the cause of it here, we must look for lesions of three great organs—the heart, the liver, and the kidneys. In this case we are enabled to throw the kidney out; it is not connected with this man's disorder. The urine has been found not to be albuminous. The dropsy is here produced by organic disease of the heart, which has, no doubt, existed for some time. He has hypertrophy of that organ, as well as valvular disease; it is the aortic valve which is affected. A double rough sound is heard; the impulse of the heart is moderate; the pericardium contains a fluid like the peritoneum. The sound is dull on percussion, both in extent and degree. The liver is also somewhat enlarged, and we may attribute to it, in part, the dropsical effusion. We sometimes find in dropsy the triple lesion of these organs, or a double lesion of the heart and the liver, that of the heart being generally the primary one. The lesion of the kidneys is frequently

secondary to the dropsical effusion. In that disease of the liver producing ascites merely, we do not find the double or triple lesion I have mentioned. This patient is also anæmic: this condition of the blood may contribute to the production of the dropsy.

The *treatment* must consist in two different things: 1st. To change the anæmic condition by iron and quinine; 2d. To remedy the dropsical effusion, bearing in mind that merely pumping off the water is not curing the disease. He may take the infusion of juniper berries and 2 grains of squills three times a day. When the bowels are in an irritable condition, purgatives are of no use; they keep up the mischief. I would not give mercury when the patient is anæmic. It is important to keep up perspiration.

Rheumatism—Progress of Cases.—(See REPORTER, page 284.) These patients were brought before the class to-day in a greatly improved condition. Endocarditis and pericarditis had been developed in both, but had now to a great degree disappeared. The treatment had been Dover's powder and Scudamore's mixture. In the case of the female, which was complicated with so many disorders as to render her recovery doubtful for several days, the improvement has been very marked. There is still some congestion of the lungs and rude respiration, but all crepitant rhonchi have disappeared, and vesicular respiration is returning. There is still a persistence of the bellows sound of the heart.

Dr. G. had pursued a stimulant treatment in her case. He believed that the result, under a debilitating treatment, would have been very different. She had taken wine whey and essence of beef at intervals of two hours. This had been changed to strong milk punch, made with one-third brandy. The hygienic management of the patient had been no less important than the medication. She had been kept quiet in bed, carefully shielded from changes in temperature, and nourished with essence of beef, the best form of animal food.

This has been an interesting case to those who have had the opportunity to watch its development and progress.

[The essence of beef, as it is called, is made by putting a pound of lean beef, cut in small pieces, into a bottle, which is corked lightly. The bottle must then be put into boiling water, and kept there until the water has been boiling three-quarters of an hour. No water must be admitted to the beef, and the bottle must be lightly corked to prevent an explosion.

A dark brown fluid is thus extracted from the meat, which represents all the nutritious properties of the flesh. It may be seasoned to suit the taste of the patient, and is given in the quantity of a tablespoonful every two hours.

This dietetic preparation is much superior to that known as *Liebig's soup*, which is a weak infusion of beef, with scarcely the taste of meat.—REP.]

Chronic Dysentery.—This patient had been before the class six weeks ago, when he had been but just admitted, (see REPORTER, page 228, case 1st.) He then had stools almost constantly. These were reduced immediately to 8 or 10 in the day, and were now only 3 or 4 in the 24 hours. The patient has gained flesh and strength, and his countenance has lost the sallow, waxy appearance, which it had.

The *treatment* had consisted in a carefully regulated diet, which the patient had strictly adhered to. Dr. G. was not an advocate of a very rigid diet. He preferred a nourishing one, but it should be carefully regulated in each case by the physician, and when judiciously laid down, if the patient diverged from it, as frequently they do to cheat the doctor, he would certainly do himself mischief.

This patient had taken besides tannin, opium and quinine, calomel in 1-16th of a grain doses, three times a day, He had decidedly improved.

Chronic Gastritis.—This woman has been affected for a year with constant vomiting after every meal. It occurs, she says, immediately after swallowing her food, and when she came in she was not able to retain even water. Within a month she has become worse, has lost her appetite, which remained pretty good, and is troubled with thirst. Her bowels have been constantly constipated. Her general appearance is not that of starvation; her color is good, and she is not greatly emaciated. She has certainly retained and digested a small portion of her food, although she says she threw it up as fast as she swallowed it. The menstrual flow has been interrupted for six months; the pulse is feeble; the tongue is shining, smooth, and polished.

By physical examination, Dr. G. could detect no organic disease, either at the pyloric or cardiac extremity of the stomach, such as a tumor or malignant growth, whose pressure might produce the symptoms she presented. There was some contraction of that organ, as well as of the abdomen generally, but this would occur as the result of the vomiting. Her disease was probably chronic gastritis, with the addition of constipation and amenorrhœa.

In the *treatment*, diet was of the first importance. She was able now to retain two teaspoonsful of beef essence; a larger quantity excited vomiting. She occasionally swallowed small pieces of ice. She took ¼ of a grain of opium every three hours, and had a blister applied to the epigastrium. A cathartic enema was also given, containing salt, lard, and sweet oil. He would try afterwards the alterative effect of mercury. Calomel was the best preparation.

EDITORIAL DEPARTMENT.

Periscope.

[By L. ELSBERG, M. D., of New York.]

On the Cicatrix-like Streaks on the Skin of the Abdomen, Breasts and Thighs, of Women that are pregnant, or have children.—Opinions as to the time of appearance, frequency, and other peculiarities, and medico-legal importance of these streaks, are so unsettled and conflicting, that we gladly hail the excellent review of the subject by CREDE, of Berlin, one of the editors of the "*Monatsschrift für Geburtskunde und Frauenkrankheiten.*" We have prepared for our readers the following propositions which he has established: (Monatschr., &c., November, '59, p. 323 et seq.

1. The streaks on the abdomen more or less extensively exist in the great majority of pregnant females. They appear but very seldom, however, during the first half of pregnancy—frequently not until the last month, or the last but one.

2. Soon after delivery they change in appearance, becoming gradually less evident, unless the skin is made tense, but never entirely disappear.

3. In some cases they do not appear during pregnancy, and sometimes no trace of them can be found after repeated pregnancies.

4. Sometimes they appear for the first time at the second or third pregnancy, or else new streaks are added to the old.

5. They may make their appearance, also, without the existence of pregnancy—in consequence of diseases producing a rapid and considerable extension of the skin, (especially in dropsy, therefore.)

6. The quite similar streaks on the breasts, and the anterior surface of the thighs, occasionally, also, on other parts of the body, as the buttocks, calves of the legs, etc., merit the same attention as those on the abdomen.

Abnormal Conditions of the Corpus Luteum—ROKITANSKI has made an able communication on this subject, based entirely on clinical and post mortem examinations, to the "*Allgemeine Wiener Medizinische Zeitung,*" Nos. 34 and 35, '59. Omitting his illustrations and details of cases, we will endeavor briefly to indicate his observations. In the first place, he takes a decided stand with those who believe in the existence of two altogether different kinds of corpora lutea; the one produced during menstruation without conception; the other, the true corpus luteum, connected with conception and pregnancy. He explains the characteristics of each, dwelling especially on the greater permanency, far larger volume, less saturated coloration, and metamorphosis into connective tissue, of the latter. Of anomalies found, there are cases of—1. Denditic excrescence of the corpus luteum outwards from the rupture of the Graëfian follicle; and 2, Doubling of the corpus luteum. Of degeneration—1. Cystic degeneration; 2. Degeneration into fibrous tumor; 3. Into carcinoma. As appendix, he adds: 1. That sometimes, with single pregnancy, two true corpora lutea are found. 2. That in cases of tubal-pregnancy it does really occur, (as pointed out first by *Kussmaul,*) that the corpus luteum is not in the ovary corresponding to the affected tube; but this occurs only so seldom, that transmigration can be considered, in but few rare cases, the cause of tubal pregnancy.

On the Treatment of Ovarian Dropsy.—By an article by SIMON THOMAS, (*Archiv für Holländische Beiträge zur Natur und Heilkunde*, B. I., H. 2, '59,) our attention has been directed to the following treatment of ovarian cysts, as quite easy of execution, dangerless, and successful in its results. It consists in puncture and incision through the wall of the vagina—the opening made being kept open until the cyst becomes obliterated. This procedure was originally devised by KIWISCH, but modified by the author, inasmuch as he incises the puncture with the bistoury, only just sufficient to enable its being found again by the touch, and then enlarges it with a "lithotome caché," to an inch in length, always in the direction toward the uterus. Instead of introducing a canula, daily lukewarm injections are made, with the view of avoiding local inflammations, and washing out the cyst and vagina. The after treatment consists in order to remove any re-accumulated liquid, simply in the introduction of a male catheter of large size, which, when necessary, may be left in situ considerable time, without fear of inflammation. When the contents of the cyst can no longer be evacuated by the catheter, a tube, "a double courant," may be used, with which the cyst can easily be washed out; and when, finally, the liquid injected at one end does no longer flow back from the other, a short culde-sac, or blind channel, is all that has remained. This either soon closes, or exists for a time as a harmless fistula, requiring no further attention.

The Ecraseur.—Dr. J. P. White, at a late meeting of the Buffalo Medical Association, (*N. Y. Review,*) reports three cases in which he successfully applied the écraseur to the removal of tumors from the uterus. Two of these were cauliflower excrescences. In applying the instrument, he worked it continuously until the tumor was separated, and no hemorrhage followed. The other case was a fibrous tumor of the uterus. In this case Dr. W. substituted a wire rope for the common chain in the écraseur, and liked the substitute, as he was enabled by it to introduce the instrument well up in the vagina.

Medical Skepticism—Timely Suggestions.—We take the following from the *American Medical Monthly*, from a summary of cotemporary medical literature prepared for that journal by Dr. O. C. Gibbs, of Frewsburgh, N. Y.

"In the lecture upon Diseases of Children, by Dr. Jacobi, published in the *New York Journal of Medicine*, for September, alluding to medical skepticism in the profession, Dr. Jacobi says, "The cause of all this skepticism is found in the absence of both an exact and a distinct diagnosis, and of strict indications in the use of medicines. We shall always learn, that wherever a medicine is really indicated, a good effect will always follow a good dose, in such a manner that this one principle, *few medicines, simple prescriptions, and large doses*, will find its full justification." We know of no subject more practical than this, and should be glad to preach for an hour upon the above text; however, we shall withhold the infliction. Dr. John Forbes, on the other side of the Atlantic, and his imitator, Dr. Jacob Bigelow, on this, have doubtless done more to foster quackery than any other two men of the present age. They have put in the hands of Thomsonians and Homœopaths weapons more powerful to injure the regular profession than any they had been able previously to command. It is only bungling and injudicious prescribers that decry the action of medicine, while those who see clearly an indication, and act upon that indication boldly, will, with each year's increasing experience, derive additional confidence in the utility and the unvarying effects of medicine. No medicine need be feared when there is a positive indication for it, and it is no evidence of the uncertainty and non-utility of any article because ignorant or careless persons have used it injudiciously and injuriously. Let us try to improve the therapeutic art, and not decry it altogether.

Improvement in the Voltaic Pile.—(Med. Times and Gazette.)—It is well known that Bunsen's pile, which is but a modification of Grove's, consists of a glazed vessel, containing a cylindrical element of zinc, which surrounds a porous vessel filled with strong nitric acid, into which a charcoal cylinder has been introduced, the liquid in the outermost vessel consisting of water acidulated with about 10 parts of sulphuric acid. Now, although this is a most powerful combination, and in general use, it has two great inconveniences, first, the quantity of nitrous vapor it evolves is highly unpleasant, and may become dangerous; and, secondly, the current produced is not of constant intensity. M. Thomas has just communicated to the Academy of Sciences a modification which he has effected in this kind of pile, and which would seem to be quite free from the inconvenience alluded to. M. Thomas, in fact, shows that the development of nitrous vapor is one of the chief causes which interfere with the constancy of the current, inasmuch as they attack the copper ribands forming the electrodes, and effect certain chemical combinations, which give rise to counter-currents, and thus impair the principal one. He therefore causes these gases, as they are evolved, to pass into a porous vessel, where they are decomposed. In this process a secondary current is produced, which, by the peculiar construction of the apparatus, is turned to account, and tends to correct the inequalities of the principal current. This arrangement also prevents the pile from becoming dirty, as is the case with Bunsen's pile.

Successful removal of a foreign body from the Trachea.—In the *Boston Med. and Surg. Journal*, Dr. Joseph Garland, of Gloucester, Mass., relates an interesting case, in which a child was snatched from the jaws of death by the opportune performance of the operation of tracheotomy. The child, a boy about four years of age, on the 15th of November, while playing with some kernels of Indian corn, was suddenly seized with a violent fit of strangling, which was followed by a constant convulsive cough for half an hour, and then an occasional

hack, accompanied by hoarseness and shortness of breath. On the 18th there was an aggravation of the symptoms, accompanied by fever, when Dr. Garland was called for. The ordinary treatment of inflammation of the bronchi and lungs was pursued for three days, before the parents were willing to have an operation performed for its relief. On the 21st, however, a fit of strangulation came on, which required that something be immediately done to save the child's life.

Tracheotomy was proposed to the parents as the only means of saving the child. Dr. Davidson was called, and also urged the expediency of the operation. The consent of parents gained, there was now no time for delay. The child was placed upon a bed, his back supported by pillows, head drawn a little backward, and held by an assistant. His struggles were now so great, it was deemed advisable, in order to facilitate the operation, to administer chloroform. Scarcely had the vapor come in contact with his nose when a slight convulsive cough occurred, then a gasp or two, and all was quiet—the glottis was effectually closed. A chance was yet offered. I embraced it, and, assisted by Dr. Davidson, dissected as rapidly as possible with care, down upon the trachea, delayed by no bleeding of account, opened it, inserted a silver catheter —the only suitable instrument at hand—and commenced artificial respiration by breathing through the catheter, and compressing the ribs, alternately; this repeated a few times, to our great satisfaction a faint gasp was seen. In a few moments more, the mechanical means still continued, another followed, and soon a feeble respiration by the patient was going on through the catheter. Sensibility had now returned to the trachea, and a violent fit of of coughing threw blood and masses of tough phlegm through the catheter and the trachea by its side. The child now opened his eyes, and made *signs* of crying, ineffectual as to *sound*. A free opening into the trachea now existing, and the bleeding, which had scarcely required the sponge, having ceased, the catheter, difficult to be retained in position except by the hand, besides being exposed to frequent attacks from the child, was withdrawn. Watching the result a few minutes, and finding the respiration going on equally as well, and the expectoration free through the opening, it was not returned.

Thinking it inexpedient to attempt to dislodge the foreign body until the patient had time to rally from his depressed condition, he gave directions for the management of the case until the next morning.

Tuesday morning, Nov. 22, one week from occurrence of accident, day after operation, in company with Dr. D., saw the patient again. Finding the obstruction still remaining in the larynx, we proceeded to remove it. A stiff probe was carried up the trachea, through the incision, and slightly rotated in the larynx, with the intention of giving the substance a start, and thereby bringing it down to the opening; failing in this, the forefinger was carried down upon the tongue, the tongue depressed, the epiglottis pressed back, and a probe passed through the glottis with the design of starting the body down from the larynx; this, after repetition, proving ineffectual, a pair of forceps, slightly curved and of good length, were passed up the trachea through the opening, in hope of seizing the foreign body. Not succeeding, they were thrust up into the larynx with as much force as could be ventured, when, upon withdrawing them, the child gave a half convulsive cough, and out flew the foreign body from the mouth, striking with considerable force upon a door some three feet distant. It proved to be a kernel of Indian corn, swollen almost to bursting. Its dimensions were as follows; longest diameter, $\frac{9}{20}$ of an inch; shortest diameter, $\frac{7}{20}$ of an inch; circumference in direction of longest diameter, $1\frac{3}{10}$ inches; direction of shortest diameter, $1\frac{3}{20}$ inches. No accident occurred to retard the progress of recovery, and, on the 16th inst., just twenty-five days after the operation, the incision was completely cicatrized.

Treatment of Ingrowing Toe-nail.—Dr. N. Gilman, of Hatfield, Mass., (*Boston Med. and Surg. Journal,*) has for over twenty years treated ingrowing toe-nail by cauterizing the part with hot tallow with the most satisfactory results. He says, the liquid cautery insinuates itself into every interstice, under the nail, along the fistula into the ulcer at the matrix of the nail, accomplishing in one minute, without pain, all that can be effected by the painful application of nitrate of silver for several weeks, or the barbarous plan of pulling out the nail. The following case will illustrate Dr. Gilman's plan of procedure.

The patient on whom I first tried this plan, was a young lady who had been unable to put on a shoe for several months, and decidedly the worst case that I have ever seen. The disease had been of long standing. The edge of the nail was deeply undermined, the granulations formed a high ridge, partly covered with skin, and pus constantly oozed from the root of the nail. The whole toe was swollen and extremely tender and painful. My mode of proceeding was this:—I put a very small piece of tallow in a spoon, and heated it over a lamp till it became very hot, and dropped two or three drops between the nail and the granulations. The effect was almost magical Pain and tenderness were at once relieved, and in a few days the granulations were all gone, the diseased parts dry and destitute of feeling, and the edge of the nail exposed so as to admit of being pared away without any inconvenience. The cure was complete, and the trouble never returned.

Pulmonary Consumption—A Prescription of Dr. Louis—The *Druggist* copies the following from *Championniere's Journal:*

To support strength, to subdue the cough and promote sleep, to diminish night-sweats, such are the three-fold indications which are met by the following prescription of Mr. Louis, in the case of confirmed phthisis:

1. Take, one hour before the principal meals, one pill of protoiodide of iron (Pilules de Blancard). After ten days increase the dose to two pills, and drink immediately afterwards a small tea-cupful of infusion of quassia, made with cold water, and not sweetened.

2. At night, or four hours after the last meal, take a pill of extract of opium of 1-6th to ¼ grain.

3. If abundant perspiration be present, take at bed-time one or two pills of 2½ gr. of white agaric.

4. The diet should be generous, but not stimulating.

The Physiology of Digestion.—A correspondent of the *Medical Times and Gazette*, writing from Munich, speaking of a physiological work recently published by Professor Bischoff and Dr. C. Voit, says:

In this work the laws of nutrition of carniverous animals have been brought, by innumerable experiments, to a point of mathematical accuracy, and there can be very little doubt that the results of these investigations are, to a great extent, directly applicable to human physiology.

In the first place, the authors ascertained that in a dog, kept for two years under observation by them, all the nitrogen of the food assimilated was excreted as urea. Then they found out that urea is never the product of a simple oxydation of the albumen of the blood, but always only a product of the retrogade metamorphosis of the azotised tissues. They defined the law, that the process of disintegration and metamorphosis of the azotised tissues is not produced by the simple affinity of the oxygen alone to the disintegrating tissues, but by the double attraction of the nutrimental matters of the food, and of the oxygen to these tissues. Just as chlorine alone or organic matter alone cannot decompose water, notwithstanding the strong affinity the former possesses for the hidrogen, and the latter for the oxygen of this fluid, decomposition of the water at once takes place if an organic substance and chlorine combine their action. The extent of the process of the metamorphosis of azotised tissues depends, firstly, on the amount of food taken; secondly, on the quantity of oxygen present; and, thirdly, on the bulk of the organs undergoing disintegration. These three agents, reciprocally balanced together, act constantly on the process of disintegration, which is, in fact, to be looked upon as their function. In regard to different kinds of food, Professor Bischoff and Dr. Voit ascertained that the animal always uses up first the azotised parts of the food taken. An increase of these parts always produces an increase of the metamorphosis of tissues, and if they are given in sufficient quantity the dog is, by them alone, enabled to keep up its expenditure for the necessary motory and caloric power. But although a dog can be kept on meat alone in entire possession of all its functions, one part, viz: the calorification, can be kept up more economically by fat. In this way a right proportionment of fat with the food prevents a waste of azotised nutriment, but an addition of fat to a quantity of oxotised nutriment in itself sufficient to keep up the motary and caloric powers, causes an increased disintegration of the azotised tissues of the body, because more power is now required for the digestion, circulation, and oxydation of the nutritive fluids. Within certain limits, but not beyond them, meat and fat can compensate each other. If one wishes to make an animal gain flesh, one must always give it fat with its meat, because it will then

soon be enabled to appropriate part of the azotised matters of the food, for the new formation of flesh. If one wants to fatten an animal, one must give it, besides fat, as much meat as is required for the due maintenance of its azotised tissues; the animal will, otherwise, lose flesh and die. Starch and sugar act similarly to fat, but rather more strongly; for, taking the amount of hydrocarbon as a standard, two and a half times less sugar than fat will compensate for an equal quantity of nitrogenous substances. The reason of this is probably that the sugar is at once burnt in the blood, while the fat seems to have first to undergo a further metamorphosis. Rye bread alone (containing 2.39 per cent. of nitrogen in its dried state,) was not found to be a sufficient nutriment for a carniverous animal; at least, as long as the animal was in a condition of strength, it execreted constantly more nitrogen than it took in with the bread (which was offered in unlimited quantity.) In a weakened state, however—that is, with a smaller proportion of azotised tissues requiring to be nourished—the nitrogen of the bread might, perhaps, suffice for the necessary expenditure. The same is probably the case with human beings. In regard to gelatine, that is to say what is sold in Germany under the name of "French gelatine," the experiments have given results contrary to the opinion now generally held by physiologists, that gelatine has no nourishing qualities, it being proved that gelatine is still able to replace the albumen in the food to a certain extent. But four times as much gelatine as albumen would be required to obtain the same result, which bulk the animal cannot take in. Although animals fed exclusively on gelatine would, therefore, ultimately die of cold and starvation, not being able to take in sufficient quantities to make up for the expenditure in motory and calorific power, still it must be maintained that the gelatinous tissues are at least, to a certain extent, able to create power.

As the authors have found the numerical proportions on which all these various results depend, it is clear that in future the question as to the most suitable nourishment of an animal, as well as of a human being, can be made out in the most exact way. This treatise, therefore, is worthy of the careful attention of the Physiologist as well as of the scientific Practitioner.

Flores Benzoes.—In Munich the *Flores Benzoes* have been extensively used in the treatment of icterus with very favorable results. Dose—six grains, three times a day.

Benzoic Acid in Icterus.—According to Kühne, the conversion of benzoic acid into hippuric acid, which invariably occurs when benzoic is taken internally by a healthy individual, does not obtain in cases of jaundice. The benzoic acid is eliminated by the kidneys without having undergone any change.

The Theory of Tertiary Syphilis, according to Gamberini, is a prodigious humbug, having the effect of confusing and confounding that, which otherwise would be easily understood. The regular succession of symptoms in the onward progress of syphilis, as described by Ricord, may and may not occur. The so-called secondary and tertiary syphilis are but different *local* manifestations of the same general disease. The secondary and tertiary forms of syphilis may alternate or co-exist, thus demonstrating their identity.

Oxygen in Scarlet Fever by inhalation has been again tried in Europe, and, according to assertion, beneficially.

Nitric Acid has been strongly recommended in bronchial catarrh, as also in whooping cough; in the latter affection, according to Arnoldi and others, the acid is as positively curative as quinia is in the miasmatic diseases.

A Revolution in Anæsthetics.—The *Lancet* says that the medical papers of Paris are full of the new method of producing anæsthesia introduced by M. Azam, of Bordeaux.

It would appear that, about eighteen months ago, M. Azam had under his care an hysterical young lady, who was subject to cataleptic attacks. Upon this patient very extraordinary phenomena were noticed, which, coming to the ears of M. Bazin, professor at the Faculty of Sciences of Bordeaux, this gentleman advised M. Azam to consult a work published in England in 1842 by Mr. Braid, in which the means of producing catalepsy and artificial anæsthesia were detailed. M. Azam procured this book, of which Dr. Carpenter has written an analysis in Dr. Todd's Cyclopœdia, under the head of "Sleep," and began a series of experiments on his young patient and about thirty other persons. He found that most of Mr. Braid's statements were correct, and that catalepsy and anæsthesia could actually be obtained in the following manner:—

The patient, either sitting up or lying down, is put in a convenient position. The operator then, standing either before or behind him, places before his eyes, at the distance of a few inches, but generally nearer than the point which allows of distinct vision, some bright object, upon which the patient should steadily and continuously fix his eyes. The bright object should be so placed that the eyes, in looking at it, must be forcibly directed upwards, the contraction of the superior recti being carried to its maximum degree. In this position, the levatores palpebrarum and recti are strongly contracted, and convergent strabismus takes place. After this attitude, which is certainly fatiguing, has been kept up for two or three minutes, the pupils are noticed to contract, and soon afterwards to dilate; the eyelids quiver rapidly, then fall, and the patient is asleep. Two symptoms, almost always present, are then observed; they are, however, in different cases, more or less marked and lasting: 1, catalepsy, exactly as described in books; 2, anæsthesia, which lasts from three to fifteen minutes, either complete or incomplete, but which allows of pinching, pricking, and tickling, without any feeling being aroused in the patient, and without any change in the cataleptic state being produced. This anæsthetic state is generally followed by a very opposite condition—namely, very remarkable hyperæsthesia, in which the senses, the feeling of heat, and muscular activity reach an unusual degree of excitability. At any moment of the experiment the symptoms may suddenly be stopped, by rubbing the eyelids, and directing upon them a stream of cold air. When the patients recover their senses, they remember nothing of what has taken place.

Several experiments have been instituted in Paris by Messrs. Folin, Broca, and others; and M. Velpeau seems so convinced, that he has presented a short paper on the subject, by M. Broca, to the Academy of Sciences at the meeting of the 5th inst.

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King Henry the Sixth of England had so much confidence in alchemy that he published a document in which he told his subjects that the happy hour was drawing nigh when, by the discovery of the philosopher's stone, he should be able to pay all the debts of the nation in real gold and silver.

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Witches and impostors have always held a competition with physicians.—*Bacon.*

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JANUARY 7, 1859.

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"We, * * who in life's rough path
Walk, laden heavily,
Should ever face the light, so that
Wherever we may be,
The heavy burthen which we bear,
Its shadow dim may cast,
Not on our forward steps, but on
The portion we have passed."

Last week we took a retrospective view of the year which was just closing, with special reference to those in our profession who had passed away. Having just placed our foot on the threshold of a new year, we propose this week to cast a hopeful glance forward, in advance of Time, knowing that whate'er may betide us, or other individuals, our profession, with its history, its achievements, and its enterprises, will, without doubt, poise itself on another foot a year hence, to make one more stride in its march toward—perfection, shall we say?

Here, then, we stand, an ancient, an honorable, and a glorious profession, whose past history has been one of many triumphs. Yet, there are opprobria attaching themselves to us, which cast a shadow which may be, either on our forward steps, and prevent investigation, and interfere with progress, or, on the portion we have passed, while our pathway may be illumined by knowledge which will eventually overcome all obstacles to that progress which leads to perfection. The history of the medical profession of this country, like that of the world, has been one of steady advance, and there are, no doubt, triumphs in store for it this year. In regard to organization, and a higher standard of education, as well as to the general progress of our science, we have need to "face the light," that we may not appear to be enveloped in cimmerean darkness, while light is abundant. We trust that the profession of the whole country will seek to advance the interests of the science, by laboring earnestly in the cause of organization, especially in connection with our National Association. Let us be hopeful in regard to the future in-

fluence of that body, and not turn our backs upon the light, and join the army of croakers who have yet to point to the first good ever accomplished by them. One who faces the light in this connection, cannot help seeing that an earnest and intelligent support of this body will advance the interests of the profession of our country, beyond our power to compute.

Those just entering the profession have need to "face the light," for they have many trials to encounter and difficulties to overcome, and light is indispensable to them. Alas! too many have allowed themselves to look at the shadowy instead of the bright side of professional life, and have become, in consequence, an incubus to the profession of their choice. This class do an incalculable amount of injury to the cause of medical advancement. Those only who look hopefully on the future, succeed in life, and "leave footprints on the sands of time!"

In conclusion, we will say that this hopefulness in regard to the future, has sustained us in our editorial career, when the present often looked very unpromising, until we now have the satisfaction of knowing that an enterprise has become established, which is destined to exert an influence for good on the medical literature of our country. In the spirit, therefore, of our motto, we shall still "face the light," in the confident expectation that those in the profession who desire to advance its interests and their own, will give this enterprise a hearty support.

SANITARY INSTITUTIONS.

Old readers of the REPORTER know that we have ever been earnest advocates of the establishment of private sanitary institutions under the control of members of the medical profession in good standing. These institutions in this country have been hitherto left almost entirely in the hands of irregular practitioners, who have done both good and harm to patients under their care. We know of but two institutions of the kind in the United States that are in proper hands, one in Massachusetts, conducted by Dr. Clarkson T. Collins, formerly of New York, and intended particularly for the treatment of Diseases of Women, and the other, "Benedict's Sanitarium," for the treatment of Diseases of the Lungs, at Magnolia, Florida, under the care of Dr. N. D. Benedict, formerly of this city.

It is the experience of most practitioners, without doubt, that many cases of sickness, particularly among females, cannot be properly managed at the homes of the patients, where they are overwhelmed with family cares, that demand their attention as long as they are at home. And not only this, but all physicians have not at hand all the appliances for the proper management of many diseases to which women are subject.

We take pleasure in calling attention to the advertisement in this number of the "Gynecian Sanatorium," which has been recently established in the vicinity of New York. From what we know of Drs. Elmer and Elsberg, the profession will find them in every respect reliable men. Their ideas are strictly professional, and they appeal to medical men for support in their important undertaking.

Once let the profession take this business from the hands of quacks, and it will become popular with the people, beneficial to the community, and remunerative to the profession.

In Thomas Paynell's "Regiment of Health," published in 1557, occurs the following quaintly expressed, but wholesome advice:—

"Prolongynge of tyme in eatynge moderately (as an hour's spase), to chawe and swalowe our meate well, is aloweable, and helpeth moche to the conservation of health. For good chawinge and swalowinge downe is half a digestion. And ill chawinge doth eyther let dygestion or else doth gretly hyndre it. But prolongynge of tyme in rallying and tellyng of tales two or three houres is ryght hurtful. For when the last meate is received the first is well neare dygested. Therefore the said meate in divers of their parties, as touching dygestion, be not lyke."

Correspondence.

An aged and respected correspondent in New Jersey sends us the following reminiscence of some of the early pioneers of medicine in that State. If we mistake not, the epigram, which contains some "wholesome truths," is from Butler's Hudibras.

"Whilst a student of medicine in the office of the late Dr. John Vancleve, of Princeton, N. J., about fifty years since, I came across the following epigram. I found it written on the flyleaf of an old Latin medical volume by Schenkius. On the title-page was written 'Thomas Wiggans, ejus liber,' and in the same handwriting the verses. Dr. Wiggans, it will be remembered, was among the first Presidents of the Medical Society of New Jersey. Dr. Vancleve purchased this volume at the sale of Dr. Wiggans' books. The verse is a curious morceau, and quaintly tells some truths. Perhaps they may interest the readers of the REPORTER.

'God and the Doctor, men alike adore,
Just at the point of death, and not before;
The danger o'er, they're both alike requited;
God is forgotten, and the Doctor slighted.'"

W. J.

News and Miscellany.

Miss Harriet Hosmer, the Sculptor.—It seems that the father of this talented young lady was a physician. Having lost his wife and another child by consumption, and fearing a like fate for his only surviving child, he furnished her with horse, dog, gun and boat, and insisted on an outdoor life as indispensable to health. She is a signal instance of what judicious physical training may effect in conquering even a hereditary taint of constitution. Miss Hosmer diligently made use of the facilities the course of life recommended by her father gave her, for cultivating her own peculiar tastes, and many a time when the worthy doctor may have flattered himself that his darling was in active exercise, she might have been found in a certain clay pit, not very far from the paternal residence, making early attempts at modelling horses, dogs, sheep, men and women, or anything which attracted her attention. Both at her home in Watertown, Mass., and subsequently, at Lenox where she was sent to school, she made good use of her time by studying natural history, and of her gun by securing specimens for herself of the wild creatures of the woods, feathered and furred; dissecting some, and with her own hands preparing and stuffing others. The walls of the room devoted to her special use in "the old house at home," are covered with birds, bats, butterflies and beetles, snakes and toads, while sundry bottles of spirits contain subjects carefully dissected and prepared by herself.

In 1850, being then nineteen, Harriet Hosmer left Lenox, and returned to her father's house at Watertown, to pursue her art studies, and to fit herself for the career she had resolved upon following. There was at this time a cousin of Miss Hosmer's studying with her father, between whom and herself existed a *camaraderie*. Together the two spent many hours in dissecting legs and arms and making acquaintance with the human frame—Dr. Hosmer having erected a small building at the bottom of his garden to facilitate these studies. Those were days of close study and application. Lessons in drawing and modeling—for which our young student had to repair to Boston, a distance of seven or eight miles—and anatomical studies with her cousin, were alternated with the inevitable rides and boating, on which her father wisely insisted. The river Charles runs immediately before the house, and on this river Harriet Hosmer had a boat-house, containing a safe, broad boat, and a fragile, poetical-looking gondola, with silvered prow, the delight of her heart, and the terror of her less-experienced and unswimming friends.

She was full of fun and frolic, and many instances are given of her daring exploits by land and water. A practical joke played upon a physician of Boston was the immediate cause of her having been sent to Lenox to school. Her health having given her father some uneasiness, the gentleman in question, a physician in large practice, was called in to attend her. The rather uncertain visits of the physician proved a source of great annoyance and some real inconvenience to his patient, inasmuch as they interfered with her rides and drives, shooting and boating excursions. Having borne with the inconvenience some time, she requested the gentleman, as a great favor, to name an hour for his call, that she might make her arrangements accordingly. The physician agreed, but punctuality is not always at the hand of professional men. Matters were as bad as ever. Sometimes the twelve o'clock appointment did not come off till three in the afternoon. One day in particular, Dr. —— was some hours after the time. A playful quarrel took place between physician and patient; and, as he rose to take his leave, and

offered another appointment, Miss Hosmer insisted upon his giving his word to keep it.

"If I am alive," said he, "I will be here," naming some time on a certain day.

"Then if you are not here," was the reply, "I am to conclude that you are dead."

Thus they parted. The day and hour arrived, but no doctor made his appearance. That evening Miss Hosmer rode into Boston, and next morning the papers announced the decease of Dr. ——. Half Boston and its neighborhood rushed to the physician's house to leave cards and messages of condolence for the family, and to inquire into the cause of the sudden and lamentable event.

In 1852 she went to Europe, and repaired to Rome, where she applied herself to her chosen profession, with what diligence, her subsequent triumphs as a sculptor sufficiently attest.

Philadelphia Instrument Makers —Among the numerous advantages, adventitious to medical pursuits, which abound in this city, the facility of obtaining the best surgical appliances is of importance. The surgical cutlers, who are the most eminent in this country, deserve credit for keeping their essential art apace with the general medical progress.

Except for the introduction of some unseen novelty, no one in the city thinks now of importing any article needed by the surgeon. The cutlery produced is equal to any made in London or Paris, and the apparatus for deformities made here, in ingenuity of construction, efficiency, and comfort to the patient, is elsewhere unequaled. The simplest or most complex instruments may be ordered from any distance with the assurance of receiving promptly articles which cannot be excelled in quality.

Amputation of a Uterus.—Dr. Sims of New York recently amputated an entire uterus with the ecraseur. The case was one of procidentia in which the uterus had been for a long time entirely inverted, and could not be forced back into the pelvis. No hemorrhage followed, excepting from a vessel connected with one of the broad ligaments, which was afterwards ligated. The patient rapidly recovered.

This operation has been repeatedly performed, but we do not know that it has been before accomplished with the écraseur. The result of the operation has usually been fatal, from peritonitis or hemorrhage, and surgeons have not generally been very favorable to its performance.

The End of the Excitement.—The attempt made to reawaken the excitement, through the infatuation of which, some of the medical students of this city took a hasty departure, has proved an entire failure. It is evident that the paroxysm is at an end.

Beyond the influences of the parties who were made use of as mediums for the agitation, and which prevailed to any extent only in one institution, but little was accomplished, and in the city of New York and further northward, the infection did not spread.

Some who left with the retreat were only apparently seceders, who took the opportunity of thus getting a cheap passage homeward during the holidays.

A number have already returned, and more will do likewise after having consulted and learned the disapprobation of their course by parents and preceptors, and have had time for a calm appreciation of the real and irreparable loss into which they have been designedly duped.

One Thousand Feet of Tape Worm, The *Boston Transcript* says, were expelled from the intestines of a lady residing in the vicinity of Boston. It was believed that several worms had existed. The expulsion occurred after taking a mucilage of pumpkin seeds.

The number of lives lost by steamboat disasters on the western rivers during the year 1859, was three hundred and ninety-six.

Ligation of the Primitive Iliac.—Dr. J. R. Wood, the leading surgeon of the Bellevue Hospital, New York, recently, at that institution, ligated the common iliac artery for aneurism. The operation was performed with facility, and with apparently fair prospect of success, but the result was unfavorable, as the patient has since died of peritonitis.

Clerical Testimony in favor of the Medical Profession.—Clergymen are so often the abettors of quackery, that we may be excused from transferring the following from the *Medical Times and Gazette* to our pages. Something of the kind is needed occasionally to keep us in conceit with the clergy.

The Rev. C. Kingsley has been lecturing on

"The Rationale of Health." "To the Medical men of England and Germany," he said, "he owed a debt deeper than he was able to express. He had learned more science from them than he should be ever able to repay them, and also more morality, in a high sense, than he should ever be able to adequately acknowledge. Were he able to do his duty in his profession as he saw, not only the average, but the majority of Medical men doing theirs, he should be a happier man than he was now." He told his auditors that if the doctors had their wish they would strive most to keep the people in health, not merely to cure them when diseased. "A perfectly wise man, living in a perfectly wise state of civilization, and taking perfectly wise care of himself, ought to be able to insure his health, by paying a Medical man so much a year for keeping himself in health, just as much as a man insured his body against accidents, or his house against fire. He would not say how many hundred years hence, but the time would come, when people would be found insuring their health for a certain number of years, or, at all events, for twelve months, by paying premiums to companies who would look after their health, and take care that they did not violate their bodies."

Infant Mortality.—In the same lecture quoted from in the preceding paragraph, Rev. Mr. Kingsley thus speaks of the mortality among children from preventible diseases.

He told his auditors that *forty per cent.* of the children born in this country died before they reached five years of age. "He had witnessed the death of old men, and experienced no shock of horror, as they had trod life's path He had seen many children die, and the sight always gave him a shock, and he felt as if the world was out of joint. Why do they die? God had exercised as much creative power in making them so pure, so noble, and so graceful, and yet they were allowed to die so early! By man's fault, he would answer." Most earnestly did the lecturer point out the principal causes which concur in bringing about the mortality of early childhood, and he illustrated one point by examples derived from two families which he had seen. Both were kind and noble; both had children; but the one thrust its children into the small contracted rooms at the top of the house, while the best apartments were given to visitors; the other kept its children in the handsomest and most spacious rooms in the house, and said, "We cannot receive any visitors, or give any dinners, as our house is so small, and we are forced to give up the best rooms to our children." The children of the first family grew up stunted and miserable; the children of the latter family, fine, noble, and healthy. We are grateful to Mr. Kingsley for his admirable lecture, and we hope to see it published in a cheap form, and disseminated throughout the kingdom. With such co-operation as this given by Mr. Kingsley, what might not our profession do?

A new "Drop Game."—We copied, not long since, from an English journal, an item showing how a clever rogue replenished his purse by imposing on hospital physicians and nurses. The following, however, will show that in expedients of this sort, Americans still maintain their character of "beating all creation." It will be seen that the medical profession are among the "principal sufferers" from the cunning rascal's impositions.

A man of genteel appearance, with carpet sack in hand, taking it a-foot, came along the public square in Lexington, Scott county, Indiana, and when crossing the square dropped dead, to all appearances. Everybody ran, medical aid was called, rubbing commenced, the stranger still slept, and was very stiff; to all appearances his limbs were paralyzed so that he could not be raised without the limbs giving way. "Bleed him!" "Bleed him!" several halloed; the man comes to all at once; looks wild. Voice in the crowd, "Who are you?" "Where did you come from?" He pulls out a slate and pencil, and writes: "I have been out to Michigan to see a brother, but when I got there he was dead. I am making my way home; am out of money; I live in Cleveland, Ohio." Sympathy runs high; the crowd make him up a pony-purse, $8 50; gives him. He travels to Bent, nine miles; drops again; everybody is alarmed; comes to; tells he is out of money; they make him up a pony-purse; the Doctor takes him home and gives him something to eat; off he goes again to Richie's Mills; drops again; no men about; women frightened and run for men folks; find one; man lies dead until man comes; women with camphor bottles running in every direction; excitement high; Mr. Richie takes him into the house, keeps him all night, gives him breakfast, lodging and $10. He leaves for North Madison; drops again; he writes he is out of money, and wants to get home; hat goes around; he makes $9 50 off

the good people of North Madison. He goes on, and is still dropping and traveling.

Philadelphia Hospital.—Dr. Gross commenced his term of service at this institution on Wednesday last. Notwithstanding the inclemency of the day and the distance of the hospital from the colleges, a very large class greeted him in the amphitheatre. An exceedingly interesting and varied array of cases was presented.

The hospital is now filled to its utmost capacity and presents an unparalelled field for the selection of the most valuable and attractive clinic.

Dr. Tutt assumes the charge of the medical wards, and Dr. Harlow of the obstetric wards.

Scarlet Fever is prevailing in an epidemic form and with considerable fatality in Newark, N. J.

Small Pox is epidemic in Boston, Mass. Dr. H. G. Clark, the City Physician, publishes a card recommending re-vaccination, as a test of the first, or a preventive of varioloid.

Centenarians.—The following is a list of the names of persons of one hundred years and upward who have died in the United States during the year 1859:

Date.	*Names.*	*State.*	*Age.*
February 5.	Philip Jessee,	Virginia,	129
8.	Cæsar, colored,	Louisiana,	138
16.	Aunt Kandar,	New Jersey,	103
18.	Zelphy Schanck,	New Jersey,	110
18.	Nancy, a slave,	Alabama,	100
22.	Sarah Mallory, colored,	Virginia,	120
22.	Hannah Phillips,	New Jersey,	113
27.	Thomas Sweeny,	Pennsylvania,	122
March 14.	Mary Shangnessey,	Massachusetts,	112
17.	Elizabeth Carter,	South Carolina,	101
20.	Phebe Christian, colored,	Ohio,	118
April 25.	Polly Boston, colored,	Maryland,	109
25.	John Dickson,	Ohio,	110
June 22.	Virginia Ford, colored,	Washington.	120
July 14.	Anna Pope,	Massachusetts,	105
16.	Sarah W. Hughes,	Mississippi,	113
August 17.	Susanna Harvey,	Rhode Island,	100
20.	James Kean,	Pennsylvania,	105
25.	Wm. Owens,	Virginia,	100
Sept'r. 24.	William Sims,	New York,	102
28.	Elizabeth Gammel,	Georgia,	115
October 12.	John Uttinger,	Tennessee,	104
November 1.	John Wilson,	Maine,	106
17.	Phillis, a slave,	———	100
Decemb'r 17.	Geo. Woodhouse, colored,	Virginia,	120
25.	Mrs. Greenly, colored,	Pennsylvania,	110

The Annual Meeting of the Medical Society of New Jersey will be held at Trenton on the 4th Tuesday (the 24th) of January, at 7½ o'clock P. M. Delegates will be careful to be provided with their credentials.

W. PEIRSON, *Rec. Sec. &c.*

To Correspondents.

COMMUNICATIONS RECEIVED.—*Arkansas*, Dr. Geo. W. Lawrence, (with encl.)—*District of Columbia*, Dr. A. J. Semmes—*Georgia*, Dr. J. M. Simmons—*Illinois*, Dr. Rob't F. Hays, (with encl.)—*Iowa*, Dr. M. Cousins, Jr.—*Maryland*, Dr. L. R. Kirk, (with encl.)—*New Jersey*, Dr. John C. Johnson, (with encl.,) Dr. Y. B. Jennings, (with encl.,) *New York*, Dr. L. Elsberg—*Ohio*, Dr. C. B Hall—*Pennsylvania*, Drs. Dan'l L. Batdorf and A. J. W. Smith, (with encl.,) Dr. Henry Carpenter, Dr. Geo. S. Wentz, (with encl.,) Dr. Traill Green, (with encl.,) Dr. J. L. Peirce, (with encl.)—*Virginia*, Drs. Campbell and Triplett, (with encl.)

Office Payments.—Dr. Thos. S. Kirkbride, Dr. H. D. Benner, Mrs. Foster, W. B. Mann, Esq, Dr. Chas. Smith, Jr., F. S. S. McMahon.

Missing and Back Numbers sent to Dr. M. Cousins, *Iowa*; Dr. L. R. Kirk, *Maryland*; Dr. Geo. S. Wentz, *Pennsylvania*.

DEATHS.

HENRY—In this city, on the morning of the 5th instant, Dr. William Henry, in the 52d year of his age.

MURRAY—At Louisville, Ky., Dec. 19th, Dr. John L. Murray, in the 76th year of his age.

ROSMAN—In Brooklyn, Dec. 25th, 1859, Robert Rosman, M.D. æt. 53.

YARDLEY—In this city, suddenly, Jan. 4th, Thomas H. Yardley, M. D., in the 60th year of his age.

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